



**DHS Placement and Residential Licensing Unit
Office of the Secretary**

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Notice of Serious Incident

Case Number: 019425

Date of Incident: 2/23/2024

Date Received by PRLU: 2/26/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Resident, [REDACTED] DOB [REDACTED], was sent out to Forrest City Medical Center for x-ray to complaint of face pain 02.25.2024. Resident, [REDACTED], was sent out to Forrest City Medical Center for x-ray to complaint of face pain 02.25.2024.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 02/27/24 LS requested via email that agency elaborate as to what the surrounding circumstances were regarding this incident. What was the alleged cause of his facial pain/contusions? How is he doing today? 02/27/24 agency's response via email: "Resident was in altercation with another peer who punched him the face resulting in the facial pain. No complaints of pain/discomfort upon his return to the milieu or today."